ST. BARTHOLOMEW'S HOSPITAL JOURNAL

THE ROYAL VISIT

Tuesday, 30th May, 1961

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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June, 1961

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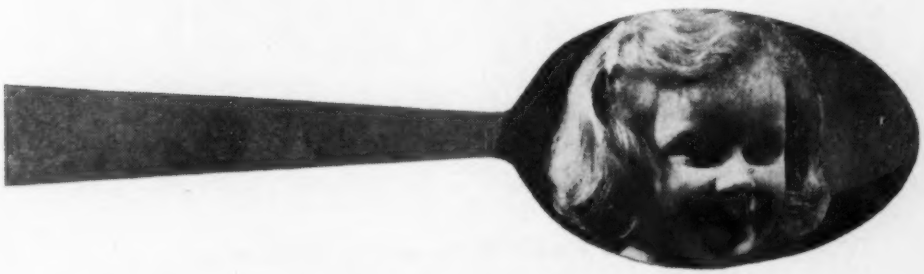

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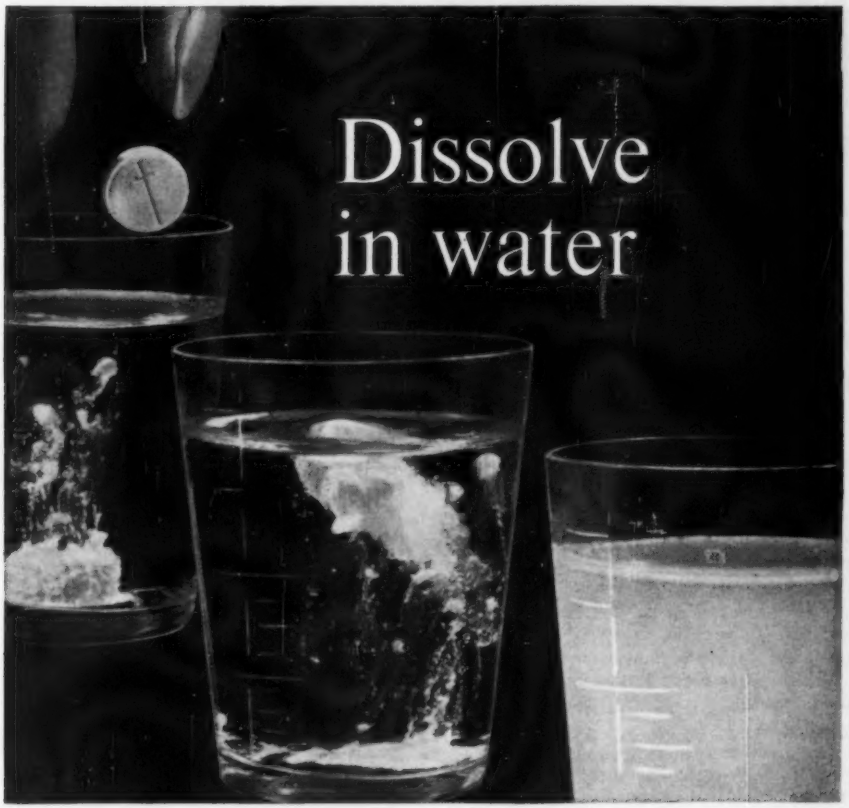

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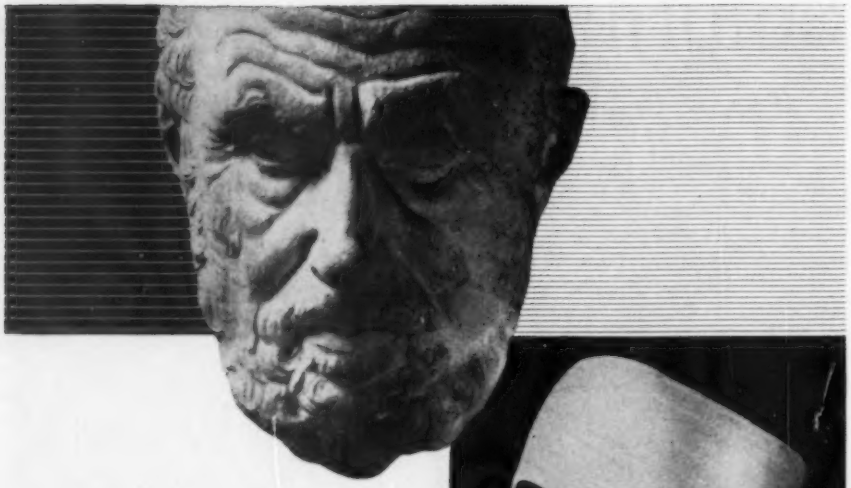

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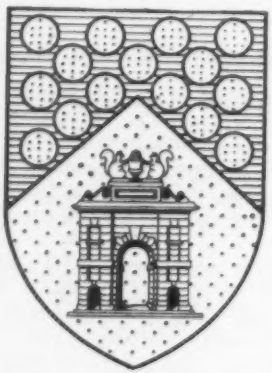

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LXV, No. 6 JUNE 1961

Editorial

THE LONG-AWAITED building has at last begun at Charterhouse. The residents are daily woken at 7.45 by the insistent noise of pneumatic drills and other paraphernalia associated with the building trade.

Many will have noticed the passage of the remnants of the old physiology block, but few will regret their removal; those dungeons of darkness, luring the unwary student from his rightful place in the library to gaze yet again at the dank bricks, the broken bottles and the vast pile of rubbish, which, festering behind the decayed rubble, lay witness to the ravages of Hitler's bombs. More attention, at the time, was focussed on the car park. Indignant students thronged the bar at College Hall denouncing the efforts of the car parking authorities to make them dispose of a proportion of their fleet of old crocks.

In vain did they fight. At the end of November, 1960, the old car park lay empty and desolate, awaiting the arrival of the bulldozers, the dumpy levels, the drills, air compressors, pile drivers, picks, shovels and even jib cranes.

These necessities have now arrived, and we look forward to seeing the completed buildings. We hope that these buildings will equal in design and convenience the new buildings recently opened by Her Majesty the Queen, though it may not be found necessary to have a large extraction fan blowing hot air on all passers by, as does occur in Little Britain.

The Journal welcomes this new development, without which the Hospital would find it difficult to maintain its position of high respect in medicine . If noise is an index of the progress, these new buildings will rise rapidly from the grave of the old physiology block. We herald their arrival.

THE VISIT OF HER MAJESTY THE QUEEN

On Tuesday, 30th May, Her Majesty the Queen visited the Hospital to open the Queen Elizabeth II Wing of Special Department Wards, Gloucester House, the new expansion of the Nurse's Home, and the new Radiotherapy Department.

The Queen Elizabeth II building accommodates the Ear, Nose and Throat, the Ophthalmic, the Neurosurgical and the Thoracic Departments. The basement houses the Cardiological Department, and on the ground floor there is the Diagnostic X-ray and Isotope Departments. Gloucester House is a 12-storey building providing accommodation for 130 nurses, together with a complete Nurse's Training Unit, a Swimming Pool and a large Recreation Hall. The Radiotherapy Unit houses a 15-million volt linear Accelerator, together with a Cobalt Unit.

It was a warm and sunny afternoon, and when Her Majesty arrived she was received by the Lord Mayor of London, Sir Bernard Waley-Cohen, the President of the Hospital, H.R.H. the Duke of Gloucester, and the Minister of Health, the Right Honourable John Enoch-Powell. At the doorway of the Great Hall the Treasurer of the Hospital, Mr. Michael Perrin, and the past Treasurer, Sir George Aylwen, were presented to Her Majesty, after which Nurse Susan Wallace, the last gold medal winner, presented a bouquet.

Within the Great Hall were a large number of the Governors of the Hospital and senior members of the Medical and Nursing Staff. H.R.H. the Duke of Gloucester invited Her Majesty to declare the new building open. The text of Her Majesty's speech and also of Sir George Aylwen's reply are reproduced elsewhere in this journal. Mr. Perrin then presented Her Majesty with a copy of a new history of the Hospital written by Mrs. G. Whitteridge and Miss V. Stokes, the Hospital Archivist.

On leaving the Great Hall Her Majesty and the Duke of Gloucester drove around the Square, in which there was a large and enthusiastic crowd of patients, nurses and students. The Royal party then drove to the Queen Elizabeth II block, where Her Majesty unveiled a plaque in the foyer. Accompanied by Mr. Capps and Miss Kendall, the ward sister, she then inspected the Ear, Nose and Throat Unit, where she talked individually to all the patients.

After leaving the Queen Elizabeth II block, Her Majesty walked across Bartholomew Close to visit Gloucester House. There she inspected a nurse's bedroom and sitting room and the Nurse's Training School. An account of her visit to the teaching department is published separately in this issue. Later Her Majesty was entertained to tea in the Sun Lounge on the top floor of Gloucester House by the Governors of the Hospital and their wives.

HER MAJESTY'S VISIT TO THE TEACHING DEPARTMENT

We had been looking forward to Her Majesty's visit for some months with the keenest pleasure. Fifty second-year nurses were having their main medical, surgical and paediatric course at the time, and they worked very hard to prepare for the Queen some demonstrations of the work they were doing in theory and practice, and they were more than repaid by the interest Her Majesty was kind enough to show.

Her Majesty came up to the 11th Floor in the lift, accompanied by H.R.H. the Duke of Gloucester, Lady Margaret Hay, the Rt. Hon. Sir Michael Adeane, Matron and the Treasurer. On the landing Mr. Perrin asked leave to present Miss Hector, the Principal Tutor, and the tour of the floor began.

The Queen asked if we liked our new premises, and on being told that we were the highest school in London, remarked that it was a very nice thing to be able to say. She was, as always, a delightful guest, displaying interest in everything, and she graciously spoke to the sisters and many of the nurses whom she met.

She walked around the main lecture room

where a class was in progress, and looked at the illustrative material that the nurses had prepared. In the corridor we had, in a projector, a colour transparency of a snow gum planted by the Queen on her last visit to Canberra. This has grown into a most beautiful tree, and was photographed by the Principal Tutor when she was in Australia this year for the Congress of the International Council of Nurses. Since Her Majesty had stated a week earlier that she was not noted for green fingers, it was pleasant to be able to show her this evidence to the contrary.

The demonstration room was a scene of great activity, and the Queen remarked to the tutor in charge that practical teaching was of the utmost importance. To the student who was bathing the plastic baby, she commented on the slipperyness of model babies, but added that they were not nearly as slippery as real ones.

In the small classroom was a display about the history of nursing, which made Her Majesty feel that illness in the 18th century must have been most uncomfortable. She then went down the corridor, with its wonderful view to the west over London, commenting on some of its outstanding features; admired the little coffee bar; and said goodbye before going up to the roof for tea.

Though Her Majesty was behind schedule when she arrived and still more so when she left, she was unhurried and relaxed, she gave the impression not of merely performing a duty punctiliously, but of taking a warm interest in our new premises and our work. It would be pleasant if we could tell Her Majesty how beautiful we thought she was in her sunshine-yellow and how often since her visit we have recalled her charm and graciousness.

Fifty years ago

"IF THE PEN be mightier than the sword, then, *a fortiori*, must the pen be mightier than the lancet: and it is with legitimate self-complacency that we seat ourselves in the editorial chair, and take up the editorial pen still warm from the fingers of its recent possessor. We would fain indulge in a Gilbertian autobiographical lyric expressive of our appreciation of the honour which has been granted us, but the difficulty of rhyming in the plural has proved insuperable.

"We have a threefold duty to perform . . ." etc. . ."

Thus, every six months, with almost unfailing regularity, each new editor starts his term of office with a pious editorial setting out what, under his leadership, the editorial policy will be. And yet, in spite of a hundred different editors in the last fifty years, the Journal has changed remarkably little. Even the editor's domestic problems never seem to change. . . .

"Our first duty, as always, is to our readers. . . . . If there is one feature in which, more than any other, we aspire to emulate our immediate predecessor it is in the commendable regularity with which, under his leadership, the Journal has appeared at the beginning of every month."

Perhaps a few editorial promises are not such a bad thing after all.

Calendar

JULY

Sat.	1—On duty:	Dr. E. R. Cullinan Mr. C. Naunton Morgan Mr. R. A. Bowen
Sat.	8—On Duty:	Dr. G. W. Hayward Mr. A. W. Badenoch Mr. R. W. Ballantine
Sat.	15—On Duty:	Dr. A. W. Spence Mr. E. G. Tuckwell Mr. C. Langton Hewer
Sat.	22—On Duty:	Medical and Surgical Units Mr. George Ellis
Sat.	29—On Duty:	Dr. R. Bodley Scott Mr. A. H. Hunt Mr. F. T. Evans

Readers who enjoyed Fergus Pope's article about Lambarene in the April Journal may be interested to know that an article about surgery at the Albert Schweitzer Hospital has appeared in the 18th May, 1961, issue of the *New England Journal of Medicine*.

THE QUEEN'S ADDRESS AT ST. BARTHOLOMEW'S HOSPITAL

30th May, 1961

The connection between the Royal Hospital of Saint Bartholomew and our Family is a long one and is happily exemplified today by the presence of Your Royal Highness in the office of President.

I am glad to be able to maintain this connection by coming here to share with you an occasion which is of great significance in the history of your ancient institution.

It marks the formal opening of three new buildings. The Queen Elizabeth II Wing of Special Department Wards, the new Radiotherapy Department, and Gloucester House, the extension to the Nurses' Home. I look forward to seeing the new Wing and Gloucester House during the course of the afternoon.

It would be hard to exaggerate the importance of these three additions to Bart's, each in its different way, and they do great credit to the hospital and to those responsible for planning its development. As a result, all the hospital's activities, which had become dispersed, have now been brought back to one site where they are provided with the most up to date facilities.

However familiar you may be with the achievements of Sir George Aylwen, your past Treasurer, I know that you will agree with me that his services during twenty-three years of office were vital to these developments, and we are pleased to see him here today. He has done much for the hospital and in what he did he had the able help of someone whose name will be remembered with gratitude by all who have the welfare of Saint Bartholomew's at heart—the late Lord Hardinge of Penshurst.

Today we are accustomed to rapid progress in all branches of science, and not least in the practice of surgery and medicine. But this progress brings with it the constant need to develop any great Hospital.

I know that you are still planning for such expansion and I am confident that whatever success the future may bring, the traditions of Saint Bartholomew's, which reach back to the year 1123, will be carried on, as they are today, in the interests of your patients, in the teaching of your students, and in the continuation of research

I now have great pleasure in declaring open your three new buildings.

SPEECH OF SIR GEORGE AYLWEN IN REPLY TO HER MAJESTY'S ADDRESS

ON BEHALF OF all those who serve Bart's and the guests here present, I humbly thank your Majesty for Your gracious presence here to-day to open additions to our beloved Hospital.

Bart's stands magnificent not only in its antiquity, but in its service to mankind. That Your Majesty has found time to be with us on this great occasion gives enormous pleasure and encouragement to those who give of their best in serving a foundation so famous and so beneficial to all who seek its service—indeed, encouragement to all who work in the ever-expanding field of healing.

It is fitting that I should pay tribute to the many who have devoted time, energy and intelligence over a long period, to the planning and building of our additions. It has not been an easy task and we were very fortunate to have had as chairman of our Planning Committee, during a difficult period, the late Lord Hardinge of Penshurst. Bart's became a major interest in his life and he gave unsparingly his time and energy to the task he had undertaken. His death, a year ago, was a grievous loss and we mourned the passing of a true friend, a man of outstanding integrity, a man whose courage we admired. His work for Bart's will long be remembered.

On the administrative side, I thank Mr. Carus Wilson for his invaluable assistance at all times over many years, the additional burdens placed on his shoulders by our building operations have been nobly borne.

The help and advice received from Mr. Gibbins, our Surveyor, have been of inestimable value, and the Hospital owes much to his foresight and powers of negotiation.

It was Francis Bacon who said "*It is a miserable state of mind to have few things to desire and many things to fear*". Such is not our state of mind at Bart's. There are many things we desire and if there are many things to fear, we shall do our best to dissipate those fears by striving to satisfy our desire for still more buildings in which research work can be expanded with beds for continuous following-up of experiments and sufficient housing and amenities for all our nurses and necessary staff.

The problems of The National Health Service are devastating in their immensity; Mental Health and the Cry of the Chronic Sick call for more attention. Longevity is ever on the increase and this is having a marked effect on all matters affecting health. Much has been done in all these fields, helped very substantially by King Edward's Hospital Fund for London to whom we should be grateful, but the canvas on which the health picture is to be painted is still pretty bare. The grim spectre of Finance overshadows all our vision. Vast sums are spent on unproductive Arms and Defence throughout the world and the attempts to conquer Space would seem to be at the cost of neglecting the *Planet* on which we all exist and makes us rather seek to cure those ills we have than *rocket* "to others that we know not of".

One wonders what value can be put on human life when the Peoples of the world seem bent on producing the means for destroying life at tremendous cost; what a wonderful thing it would be if money and talents so spent were available for betterment and not destruction. To-day we live in a disrupted and ever-erupting world, a world in which the mind is all awry in its efforts to visualise a future, or even to understand the present. Let us hope that sanity will eventually return to a crazy world; in that hope Hospitals will, I am sure, continue to play their part in increasing the value of human life, by helping to prolong it in happy and healthy conditions.

Your Majesty, you have been graciously pleased to receive a bouquet, I will presume to offer you a simple Nosegay, a *mythical* nosegay, made up of those flowers which bloom so abundantly in the wards and operating theatres, indeed, in all parts of this great and ancient Hospital, where Nurses, Surgeons and Physicians do forgather—the flowers of *Self-Sacrifice, Patience, Tolerance, Courage, Kindness* and *Understanding*. The flowers are bound together with that never-failing perennial—Service.

I would humbly ask Your Majesty to accept this offering with the deep respect, the great esteem and the unfailing affection of your most loyal servants.

Engagements

BEKENN—PEAT.—The engagement is announced between Dr. Peter John Bekenn and Judy-Gay Peat.

DAVIS—ADDISON.—The engagement is announced between Dr. John Douglas Davis and Patricia Maureen Addison.

HARRIS—FARREN.—The engagement is announced between Dr. David S. Harris and Dr. Patricia Farren.

HOWELLS—MOORE. — The engagement is announced between David B. M. Howells and Pauline F. Moore.

LEHMANN—WILLIAMS.—The engagement is announced between Dr. Nigel John Paul Lehmann and Julia Jane Williams.

MAJOR—DAVIS.—The engagement is announced between Dr. Victor T. D. H. Major and Priscilla A. T. Davis.

Marriages

FOX—BRANSON.—On May 12th, Dr. George Noel Fox to Mrs. Marion Branson (Tuppy).

Births

BEST.—On May 27th, to Audrey, wife of Dr. Robin Best, a sister (Mary Nora Kathleen) for the boys.

DUFFY.—On May 12th, to Juliet and Dr. Thomas Duffy, twin daughters.

EVANS.—On April 27th, to Margaret and Dr. Clive Evans, a brother for Gillian and Jane.

GRAHAM.—On May 14th, to Christine and Dr. Malcolm Graham, a daughter (Louise), a sister for Jennie and Wendy.

HAVARD.—On April 29th, to Mhairi and Dr. Cyril William Holmes Havard, a daughter (Mary Louise), a sister for Mark, John and Susan.

KNIGHT.—On January 11th, at Morwell, Victoria, Australia, to Gillian, wife of Dr. John Knight, a son (James Robert).

LEWIN SMITH.—On May 22nd, to Rosemary and Dr. Richard Lewin Smith, a son (Guy).

MCKINNA.—On May 18th, to Marilyn (née Pearce) and Dr. Alan McKinna, a sister for Andrew (Fiona Elisabeth).

PEARSONS.—On April 29th, to Mary (née Jarvis) wife of Dr. David Pearsons, a daughter (Sarah).

ROBINSON.—On May 6th, to Barbara and Dr. Keith W. Robinson, a son (Guy), brother for Claire.

ROCHE.—On May 21st, to Brenda and Dr. David Roche, a daughter (Pamela Helen).

TOOBY.—On May 18th, to Winifred and David Tooby, a son (Hugh Alaric).

Deaths

CHESTER-WILLIAMS.—On May 12th, Dr. Frank Edward Chester-Willams, aged 60. Qualified 1924.

GRIFFITHS.—On May 16th, Sir Hugh Ernest Griffiths, C.B.E., M.S., F.R.C.S., aged 70. Qualified 1916.

PINKER.—On June 1st, Henry George Pinker, F.R.C.S. Qualified 1900.

SHARPLES.—On April 22nd, in Georgetown, British Guiana, Dr. E. M. Sharples. Qualified 1924.

Change of Address

DR. R. JOHN KNIGHT, lately of Appletree Cottage, Staplecross, Robertsbridge, Sussex, from Millicent, South Australia, to P.O. Box 97, Morwell, Victoria, Australia.

Appointments

University of London

M.D. P. A. T. Wood.

Dr. O. J. Lewis, senior lecturer at St. Bartholomew's Hospital Medical College, has been appointed to the readership in anatomy at the college.

University of Bristol

On May 6th, the honorary degree of M.D. was conferred on Professor L. J. Witts, Nuffield professor of clinical medicine in the University of Oxford.

Unversity of Cambridge

On April 29th the following degree was conferred :

M.D. R. M. Buckle

University of Melbourne

Dr. E. B. Verney, F.R.S., Shield professor of pharmacology in the University of Cambridge, has accepted a personal chair in the department of physiology at Melbourne, Australia.

College of Physicians of London

M.R.C.P. R. A. Shooter, M.D. Cantab.

Board of Governors

Dr. Frank Gray and Mr. C. Naunton Morgan have been appointed to the Board of Governors of St. Bartholomew's Hospital. They will hold office till March 31st, 1964. Mr. F. C. W. Capps was re-appointed.

Society of Apothecaries

Sir Geoffrey Keynes gave the Gideon Delaune Lecture at the Faculty of the History of Medicine and Pharmacy, on April 28th 1961. The lecture was entitled " Timothy Bright ".

Mr. C. Wendell Smith, lecturer in anatomy, Guy's Hospital Medical School, has been appointed associate professor of anatomy at the University of New South Wales.

Dr. M. W. Partington has been appointed by the Canadian Fund to aid in Research on the Diseases of Children as the first Queen Elizabeth II Scientist.

JAMES MACARTNEY (1770-1843)

by J. L. Thornton

IT HAS USUALLY been assumed that Sir Richard Owen (1804-1892) was the first Lecturer on Comparative Anatomy at St. Bartholomew's Hospital Medical College, following the statement by Sir Norman Moore in his *History* (Vol. 2, 1918, p. 809): "Mr. Owen, who had been a pupil of Abernethy in 1825, was the first lecturer on Comparative Anatomy. . . . He held the office . . . from 1829 to June 6, 1835." In fact, Owen was only officially Lecturer for the last year of that period, although he had been asked to deliver the lectures in 1828. In tracing advertisements of early lectures at the School we encountered James Macartney lecturing on comparative anatomy from 1800 to 1811. On consulting the *Dictionary of National Biography* we found that Sir D'Arcy Power, writing on Macartney, was fully aware of these circumstances, and it is strange that Norman Moore had not read this article. The latter (*Ibid.*, Vol. 2, p. 827) wrote: "James Macartney was Abernethy's demonstrator of anatomy in 1798, and gave lectures in the school between 1800 and 1811." Moore must have been unaware of the subject taught by Macartney, or he would not have given priority to Richard Owen.

Since James Macartney has been forgotten in recent times, and his contributions to comparative anatomy have been overlooked, a brief survey of his life, and an appreciation of his character is herewith presented. His biographer, Alexander Macalister (1900), described Macartney as, "the first man in Britain who taught systematic comparative anatomy to medical students and gave us the first English textbook on the subject; he was the first systematic lecturer on pathology, the first teacher of physiological psychology, and one of the foremost reformers in practical surgery.". How came such a genius to be almost forgotten?

James Macartney was born on March 8, 1770 in Ballyrea, Co. Armagh, the son of Andrew Macartney, a gentleman farmer, and his wife, Mary. In early life James suffered from bad eyesight, and did not learn to read until his ninth year. As early as 1780 he was enrolled into a body of Irish volunteers, and was mainly educated at a private school. His school career terminated in his fifteenth year, and in 1788 his mother died. The following year James left home and entered the office of his cousins who were linen merchants at Newry. However, his father died in 1790, and the three surviving sons returned home, sharing the property, and James was engaged in farming for two years. He joined the United Irishmen, and for a time was keenly interested in politics, but finally decided to study medicine.

Dept. of Medical Photography

JAMES MACARTNEY

Macartney was bound apprentice to William Hartigan (1756?—1812) by articles dated February 10, 1793, but actually signed in March, 1794. He studied anatomy at the College of Surgeons, and chemistry at the University of Dublin, but after his marriage to a Miss Ekenhead on August 10, 1795, he decided to concentrate more heavily on his career, and early in 1796 he left Dublin for Bristol, and travelled up to London. Macartney studied at the Great Windmill Street School, Guy's, St. Thomas's and Bart's, deriving benefit from eminent teachers such as Cruikshank, Baillie, Cline, Astley Cooper and Abernethy. Appreciative of the many gaps in his early education, Macartney now

proceeded to fill them, and kept numerous notebooks containing extensive abstracts of lectures. In 1798 John Abernethy appointed Macartney Demonstrator of Anatomy at £50 per annum, which post he held until 1800, when he qualified as a Member of the College of Surgeons on February 6. During the next month he was appointed Lecturer on Comparative Anatomy at St. Bartholomew's Hospital, and his lectures have been described as the first systematic and comprehensive course on comparative anatomy in Britain. A large number of students attended and the lectures were sometimes advertised as being devoted to " comparative anatomy and physiology ". In 1805 the *Medical and Physical Journal* carried a general advertisement for the lectures at the School, as usual, but Macartney was credited with lectures " on Comparative Anatomy and the Laws of Organic Existence ". This title varied in subsequent advertisements, but it was this that was one of the main causes for Macartney leaving Bart's. In 1810 he wanted to change the title of his lectures to " Lectures on the forms and laws of life ", to which the Medical Officers objected. At the end of the spring term in 1811, Macartney severed his connections with Bart's. He had already had a disagreement regarding the ownership of specimens placed in the Museum, and his relations with Abernethy and other members of the staff were occasionally strained. Macartney was an Irishman, and although John Abernethy was born in London of Scottish ancestry, both his father and grandfather had been born in Ireland. John Abernethy could be very stubborn, and James Macartney had a similar characteristic, as subsequent events proved. In his biography of John Abernethy, Macilwain (1856) quotes two passages attributed to Abernethy, explaining why Macartney left Bart's:

" He saw, from time to time, many men, of whose capacities we know he had the highest opinion, shut out from the hospital by the mere circumstance of their not having been apprentices; and two of these were the late Professor Macartney, of Dublin, and the present distinguished Professor of Comparative Anatomy, Professor Owen."

" He said ' You know the Hospital will not have any but apprentices. Macartney left on that account '."

Soon after beginning to lecture at Bart's, Macartney had taken a cottage at Shanklin, Isle of Wight, coming to London every spring to deliver his course of lectures. In 1803 he had accepted the appointment of surgeon to the Royal Radnor Militia, but continued to obtain leave each year in order to deliver his lectures. He went to Ireland with the Militia, but ended his military service in 1812, and remained in Ireland. In June, 1813, he was appointed Professor of Anatomy and Surgery at Trinity College, Dublin, and Physician to Sir Patrick Dun's Hospital.

Without doubt James Macartney raised the standard of medical education in Dublin, and his lectures attracted so many students that he had to lecture twice daily. The teaching accommodation was extremely bad, and eventually a new building was erected, but it was badly sited, and not planned as Macartney desired. In fact, when the building was almost completed Macartney met the architect and expressed views that led to his umbrella being broken over the architect's head ! Unfortunately, Macartney did not mix well with his colleagues, and his reforms were not appreciated by the other teachers. He met with petty persecution from certain members of the College Board, and the Royal College of Surgeons refused to admit him as a Fellow, although he was elected an Honorary Fellow of the Royal College of Physicians in Ireland in 1818. He had been elected a Fellow of the Royal Society on February 21, 1811, was admitted M.D. at St. Andrew's University in May, 1813, and received an honorary M.D. from Cambridge on August 31, 1833.

Macartney travelled widely during vacations, visiting other schools of anatomy, keeping up-to-date with modern research, and conferring with the eminent teachers of the period. He assisted Warburton in providing evidence which led to the passing of the Anatomy Act in 1832, and had much practical experience of difficulties regarding vivisection, the supply of bodies, and relations with resurrectionists. He was one of the promoters responsible for the formation of the Pathological Society of Dublin, with the object of promoting and diffusing the knowledge of pathological anatomy (*Lancet*, 1838-9, 1, p. 568), and also initiated a process of embalming, and injecting bodies for dissection (*Lancet*, 1838-9, 1, p. 626).

The final dispute leading to James Macartney's resignation on July 11, 1837, was his refusal to alter the times of his lectures, as ordered by the Board. The University of Dublin refused to purchase his museum of

2,007 specimens, which Macartney promptly sold to Cambridge University for an annuity of £100 for ten years. He did not live to the end of that term of years.

On Monday morning, March 9, 1843, he was completing a discourse on "The history of the development of faculties in the animal", to be read before the College of Physicians. He completed the paper with the words:

"The last great event is the extinction of the systematic functions which is commonly called death. As soon as the vitality of the tissue is lost, the body becomes subject to the laws of inorganic matter. The greater part of it is exhaled and is carried by the winds and clouds to distant regions, and finally they descend with rains to fertilise the earth. We thus repay our great debt to nature, and return the elements of our bodies to the common storehouse. Thus ends this strange, eventful history.

"'All forms that perish, other forms supply:
(By turns we catch the vital breath and die),
Like bubbles on the sea of matter borne,
They rise, they break, and to that sea return.'"

The pen dropped from James Macartney's hand at this point, and he was found dead some time later.

Reference :

MACALISTER, ALEXANDER. *James Macartney . . .: a memoir*, London, 1900.

(The preface to this mentions the use of various diaries, letters and notes, which I attempted to trace in the various medical libraries in Great Britain, but without success. After this preliminary communication had been completed, a chance remark to Mr. A. L. Moreton, F.R.C.S., prompted him to volunteer the information that his late wife had been a descendant of James Macartney, and that her brother probably still had a diary belonging to his ancestor. This proved to be the case, and Professor C. Aylmer Macartney of All Souls College, Oxford, kindly lent me the manuscript, which has been photocopied and transcribed. He also put me in touch with Dr. W. F. M. Fulton of Glasgow to whom he had presented one of James Macartney's notebooks. Dr. Fulton kindly lent me this, and I am indebted to all these gentlemen for their interest and co-operation. A later paper will be devoted to the fascinating contents of the diary and notebook, and will also provide details of his publications.)

THE ANDERSONVILLE TRIAL—MERMAID THEATRE

The aftermath of war brings to the victors that for which they have fought; to the vanquished, defeat and the humiliation of answering to crimes and atrocities committed during the preceding strife. Many come to mind, amongst them in recent times the horror of Auschwitz, Belsen and during the American Civil War, Andersonville.

In Andersonville, fifteen thousand Unionist soldiers died. The man held responsible was Captain Henry Wirz. He was tried in Washington in 1865 on the charge that he had carried out a high command policy of deliberate extermination of Union prisoners-of-war in his charge. This trial, the first ever recorded for War Crimes, is the subject of the latest production at the Mermaid Theatre.

The play depicts a conflict between the defence, claiming that Wirz was only obeying his military superiors, and merely carrying out orders as everyone does: for each of us is subject to powers and authorities directing us, but at the same time providing security and in doing so making us surrender our individual capacity to decide for ourselves. While for the victorious Unionists, the Judge Advocate maintained that the moral right of the individual should influence their action. Right is right and wrong is wrong in the conscience of man.

Right from the start the play holds the attention. The verbal battle on moral issues between Defence and Prosecution make good listening and make up a thought-provoking evening. For at last the Mermaid has obtained the services of actors who know their job, may we hope that this heralds a change of policy the theatre badly needs.

Wirz's fate is in no doubt from the beginning, he is convicted, but should he have been ?

Was he right to obey his orders to the letter or should he, in the circumstances, have been ruled by his own personal feelings ? It's for you to decide !

J.W.

WANDERINGS THROUGH MEDIEVAL LONDON

By John Newton

LONDON WOULD NOT be London without the River Thames; but what has become of the many tributaries that once flowed into this great river, and what part did they play in the history of our city? Today the only visible signs of these streams are a dip in Oxford Street, near Bond Street tube station, and a twelve-foot opening in the embankment under Blackfriars Bridge—the modern mouth of the River Fleet.

To trace the course of these streams we must first look at the geography of the area. The early settlement of London stood on its twin hills on the northern bank of the Thames, where the river turns through a right-angle and flows southwards again. To the south of London spreads the low-lying ground of what is now Borough, Bermondsey and Southwark; to the east, London looks towards the sea; to the north a ridge of hills rises from the plain, and on these hills the villages of Hampstead and Highgate were to be built. From the numerous ponds and springs which are still to be found in these hills there rose three streams which ran southwards to the River Thames. The most easterly, the River Fleet, rises from two small rivulets which join near Camden Town Station then run on past King's Cross and down Farringdon Road, under Mount Pleasant Post Office, where it's waterlogged silt caused a lot of trouble when the new building was erected. The stream then flows under the present Ludgate Circus and New Bridge Street to enter the River Thames under Blackfriars Bridge.

The next stream, the middle of the three, rises at Shepherds Well on the southern part of Hampstead Heath; the name given to this stream is the Tyburn. It flows down to the western part of Regents Park under Marylebone Lane. The name Marylebone is taken from a Church which was built by the side of the Tyburn, called Mary by the Burn, corrupted today to Marylebone. From here the stream flows across Oxford Street near Bond Street tube station, on through Green Park and Buckingham Palace; then it divides, one stream running south to enter the Thames near Vauxhall Bridge, the other runs eastwards to end in the Thames near Westminster Bridge, thus surrounding the gravel island of Thorney, upon which the city of Westminster has been built.

The third stream—The Westbourne (or Bayswater) rises on Cannon Hill in West Hampstead and flows past the site of Kilburn Abbey, hence its upper reaches were also known as the Kilburn. Thence it runs through Hyde Park, where in 1730 by order of Queen Caroline part of it was dammed to form the Serpentine. It then flows on under Knights Bridge and reaches the Thames at Victoria Pier.

The ground on the north bank of the River Thames consists of the River Gravels which rise in a series of terraces to approximately 100 ft. above sea level, and spread northwards to about King's Cross and Paddington. These are water-bearing gravels and explain the numerous wells which are to be found along the line of the River Fleet.

Now to the River Fleet, or Floet, which is an Anglo-Saxon word meaning creek or inlet. It has had throughout History several names —River of Wells, Holeborne, Turnmill Brook and The New Canal to mention just a few. It started off as a defensive moat, then a busy port and finally a nuisance and an obstruction, a source of much annoyance to the inhabitants of the city and to the travellers, as it caused a large dip in the Western Highway leading to the City.

From its source on Highgate Heath down to Kentish Town it ran through farms and fields, which provided a lot of the fresh vegetables for the city. Kentish Town got its name from the River Fleet, as this part of the River was known as The Kent Ditch. The town which grew up around it was therefore known as Kent Ditch Town, corrupted to Kentish Town. At this point it was a stream some three feet across winding between high banks, often overgrown with brambles, it flowed south past St. Pancras and Battle Bridge, running between steep gravel banks to Holborn Bridge. The water from the many wells in Clerkenwell and Islington flowed into this part of the river, which was known as the River of Wells or the Holbourne—the

stream in the hole. From Holborn Bridge to the Thames the Fleet was tidal, widening considerably at its mouth to some six hundred feet. This lower stretch was navigable for quite large vessels and was used by barges and fishing boats until the 14th century.

The wells which were found near the Fleet assumed some importance during the 17th century as many of them were found to be medicinal. Their wares were widely advertised and soon they grew into small Spas with drinking houses, gardens and resting places. Many a young couple were to be seen walking through the fields on a fine afternoon to quaff a pint of the waters and listen to the music provided by the owners, or perhaps to dance a little. At Hampstead Wells in 1688 the waters were threepence a flask, with a concert every Monday at ten o'clock, admission one shilling, and dancing in the afternoon price sixpence. At Islington Wells, often called New Tunbridge Wells, the poor could obtain the waters gratis, provided they produced a certificate under the hand of a known Physician or Apothecary. Another well called Sadlers Well is known to have been in use before the Reformation. The priests of the priory of St. John in Clerkenwell used to dispense the waters to divers ill persons, saying that it worked miracles, but at the time of the Reformation it was stopped up. Then in 1683 two workmen were digging in the garden of a certain Mr. Sadler, who owned one of the new Music Halls, when they found a stone slab some six feet below ground level . On moving this stone they discovered a well lined with stone and richly carved. After making their discovery known to Mr. Sadler, restoration work was carried out and the following advertisement appeared in the *Flying Post*, June, 1697: " Sadlers excellent steel waters at Islington having been obstructed for some years past, are now opened and current again and the waters are found to be in their full vigour, strength and virtue, as ever they were, as is attested and assured by the Physicians who have since fully tried them. They have been for several years known and experimented to be very effectual for the cure of all hectic and hypochondriacal heat, for beginning consumptions, for melancholy distempers, the scurvy, diabetes, for bringing away gravel, stones in the kidneys and bladder and several other diseases. The well will be opened on Monday next, the 21st inst."

Another of the wells in this district went by the name of Royal Bagmigge Wells—nobody quite knows why it is called Royal but there is a delightful story which appears to explain it. In about 1760 two mineral springs were found in the garden of a country house called Bagmigge House, and this house was supposed to be the country residence of Nell Gwynn, favourite of King Charles II. In this house was an effigy of that lady in carved work with fruits of all sorts about her, gilt and in good condition. It was a chimney piece and was supposed to allude to her practice of selling fruit at the playhouses. From this tenant of Bagmigge house the Wells are said to have acquired their Royal title. In December, 1813, the house and contents were sold by auction, as the tenant had gone bankrupt, and among the items in the catalogue is to be found the following entry: 400 doz. bottles of ale, but no mention of the price is made. Near this house was to be found a tumble-down shack called Black Mary's Hole. It got this rather dubious title from the original inhabitant, who kept a black cow. She also had near this shack a conduit through which flowed the spill water from Bagmigge Wells, and the gentlemen in those days were wont to go and drink the milk from the cow and the waters from the conduit.

Having traced the course of the Fleet in its upper reaches this leaves us with its lower or tidal part. Standing on Holborn Viaduct today it is not easy to picture the valley of the Fleet, but the best guide to the contours of the valley are the churches, as these have remained undisturbed while the roads have changed their position. Looking north the valley widens out and on the east is the remains of the burnt-out market hall. On this site in the middle ages was a large pool called Horsepool. Stowe had this to say about it—" Horsepool in Westsmithfield, was sometime a great water, and because the inhabitants, in that part of the city, did there water their horses, the same was called horsepool. It is now much decayed, the springs being stopped up; and the land water falling into this small bottom, lined with brick, is but foul and is called Smithfield pond. This since the fire of London is filled up."

Now to the south of the viaduct and on the Western bank, there is still to be seen today a small lane called Shoe Lane, which links Holborn with the Strand. This was the

main highway in Roman times, when Holborn Bridge was the lowest bridge across the Fleet, and it linked Newgate with Fleet Street.

Facing Shoe Lane across the Fleet was the Fleet Prison, first mentioned in 1170. It was the King's Prison and was used more as a place of detention than punishment. It was first an island site, being surrounded by a ditch, but by 1356 this ditch had become so stagnant and contaminated that the mortality of the prisoners was rising alarmingly. So a commission was asked to report and they found that originally the ditch had been 10 feet wide and of sufficient depth to float a vessel carrying a tun of wine. But by now, 1357, it was completely blocked up with rubbish so the ditch was filled in with rubble. The warden of the prison had other duties. He was keeper of the King's Palace at Westminister, controller of customs on the Fleet, and was responsible for the arches of the Fleet Bridge but not the roadway. His annual remuneration was seven pounds twelve shillings and one penny, but it does not seem to have been enough, for the wardens accepted bribes from the prisoners, and in 1294 Matthew del Eschequer, a prisoner, was allowed out to dine with friends at Christmas, but for this the warden lost his post. The amenities of this prison would have caused the present prison reform committee to die of shock. If you had money everything was all right as it was possible to buy everything from the gaoler. A bed cost a penny a night or a simple couch a penny a week. Charcoal for a fire could be bought for twopence a bushel—giving the gaoler a profit of one halfpenny a bushel. Water was brought in buckets, though Newgate and Ludgate prisons in 1436 obtained the overflow from the conduit to the Priory of St. Bartholomew, granted by the monks out of charity. Beer was the universal drink and could be got out of the prison tap at twopence a gallon; it cost the gaoler three-halfpence. The prisoner could also pay to prevent himself being placed in irons, but he had to promise to behave himself. The prison was finally demolished in 1842, and the land was sold to the London, Chatham and Dover railway. Its site is now marked by the Memorial Hall and the railway lines behind it.

St. Bartholomew's Hospital owned two properties in the area east of the Fleet Prison, they also had the use of the Hospitallers' wharf, near the open end of Seacoal Lane, opposite the North gate of the Fleet Prison. This wharf was owned by the priors of the Hospital of St. John in Clerkenwell. Along with this wharf our Hospital was granted free use of the River Fleet. This wharf was used by Brother Stephen, the hospital procurator, for a grant of certain lands at Rainham in Essex, the rent for this land being brought by boat and delivered at this quay: 28 quarters of corn, 4 cartloads of hay, to be delivered annually two times in the year. The 28 quarters of corn were to be made up of 5 quarters each of wheat, rye, barley and beans and 8 of oats.

There were several industries near the Fleet. In 1343 the mayor allowed the butchers of shambles in Newgate Street to clean the entrails of slaughtered beasts in the Fleet. The butchers had always been a nuisance to the city because of their slaughtering, and it was hoped that they would be less trouble if they used the Fleet. For the privilege of using the Fleet they had to provide the mayor with a boar's head each Christmas. But very soon complaints were voiced that the butchers were causing trouble again; because of the smell it was impossible to live in the area, so the problem was never solved.

The tanning industry was also present, as they found it profitable to be near the butchers for this was where they got their raw materials. But they also hastened the decline of the Fleet by building weirs and by tying hides to stakes in the river in order to clean them. The tilers were also present in the 13th century on the west bank, and the cutlers, in the 14th and 15th centuries in and near Fleet Street. Seacoal Lane as its name implies was near the wharf where the coal brought by sea was landed. It was called seacoal to distinguish it from charcoal, which was used for heating houses, seacoal being used mainly in industry. There is also a reference to a capper, whose presence is accounted for by the facility for scouring his hures in water. Hures were shaggy caps made of sheep's wool and dyed with various bright colours, of which scarlet was one. In the course of manufacture they had to be fulled like cloth, a process performed by hand with earth and water. Fulling by the feet produced inferior work, and the hurers were not allowed to make use of the mills belonging to the fullers of cloth, because the caps being mixed with cloth would crush and

(continued on page 131)

By courtesy of the Evening Standard

Her Majesty receiving a bouquet from Nurse Susan Wallace, the last gold medal winner

By courtesy of the Dept. Medical Photography

Unveiling the plaque in the foyer of The Queen Elizabeth II Block

By courtesy of the Evening Standard

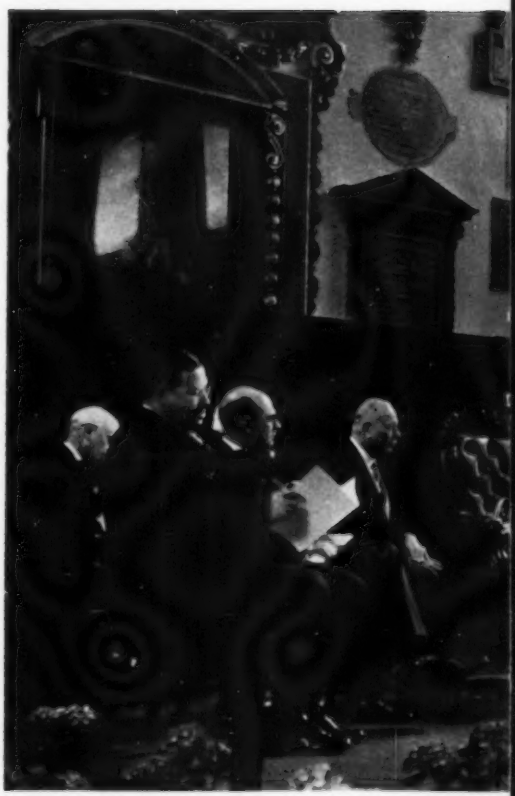
Sister Theatres being presented to Her Majesty the Queen

By courtesy of the Evening Standard

Above: The Royal Party crossing Bartholomew Close

THE VISIT OF HER M

Tuesday, 30t



Her Majesty reading her

IAJESTY THE QUEEN

h May, 1961

By courtesy of the Barratt's Photo Press, Ltd.

Above : A view of Gloucester House, the new nurses' home

By courtesy of the Evening Standard

peach in the Great Hall

Gloucester House: The Coffee bar on the 11th floor

By courtesy of Barratt's Photo Press, Ltd.

Dr. Cullinan, Mr. Naunton Morgan and Dr. Bodley Scott awaiting the arrival of the Queen

By courtesy of the Dept. Medical Photography

tear it. The overseers often prosecuted those who produced inferior work, and in such a case in 1391 the caps were found to have been oiled with grease which, becoming putrid, had caused them to stink when offered for sale. In the middle ages any such goods confiscated on the grounds of being unfit for sale were burnt in the public streets, adding one more to the amenities of London in that time. At various times we find that, besides caps treated in this way, gloves, nets, baskets, blankets, and fish; but perhaps the worst example from the point of view of the inhabitants must have been that recorded in 1471, when a shipload of treacle, after being condemned by a number of Physicians and Apothecaries, was divided into three and burnt at the cross roads by Leadenhall, Cheapside and Tower Street.

Trade on the Fleet was never as busy as in the other London ports, such as Queenhithe and Wallbrook, but there are records of it being used by fishing vessels—oysters and herrings being sold on the quayside, grain for our Hospital, stone for the rebuilding of St. Paul's in Henry I's time, stones for paving Holborn in 1418, and wine for the Fleet Prison. There is also mentioned several blackmarket loads of Welsh cheeses being sold off the boats to avoid the landing charges at other berths. Most of the wharves were private and were used by the owners of the great Inns when they crossed the Thames by boat to avoid the crush on London Bridge.

That the Fleet had a tidal entrance is vividly described in the following story: The year was 1348. Two Florentine merchants, having been robbed by five highwaymen between Romford and Brentwood, followed them to London, and started the next morning to search the city for them. The robbers having separated on reaching London, the merchants came up with one of them named John the Brewer near Paul's wharf, who, to make his escape, plunged into the river which was at low tide, with the object of walking along the foreshore of the Thames and the Fleet as far as the Fleet Bridge, from where he could make his escape out of London. The robber, however, was caught by the rising tide and drowned, and his body, being washed into the entrance of the Fleet, was left high and dry on its western bank two days later. On his body were found coins and a seal belonging to the merchants.

In 1236 the mayor and aldermen of the city decided to buy fresh water from Tyburn springs, and to pipe it to the city to ease the water supply. The conduit went from Tyburn Valley via Charing Cross and Fleet Street over Fleet Bridge and up Ludgate Hill to Cheapside. But due to the low level of the Fleet and to the pressure required to carry the water up the hill, there were frequent bursts at its lowest point and many houses near the Fleet were flooded on several occasions.

After the fire in 1666 the inhabitants of London were all for cleaning up their city, and a great effort was made to carry this out, the wharves on the Fleet were rebuilt in stone and all the rubbish was cleared out. The lower reach of the Fleet below Holborn Bridge, after this transformation, was renamed the New Canal. Then in 1737 efforts to keep the Fleet clean had again failed and the city council ordered it to be covered over to rid the city of all the trouble it was causing them. The covered area was known as the Fleet Market and it absorbed the old Stocks Market which, with the building of the new Mansion House had to be moved. But the Fleet has not altogether departed from us, as it still wends its muddy and sluggish course under Farringdon Street in a 12-foot channel entering the Thames through a culvert 12 foot by 18 foot beneath Blackfriars Bridge and at low tide the flood gates covering the entrance can still be seen from the south bank of the river.

But what is to happen to the River Thames in the future? Is it to go the same way as the Fleet and the other tributaries—with the new "heliports" to be built along its banks and the riverside highway it looks as though in time it might disappear. But whatever happens the magic that is London will always remain within its gates, requiring only a little effort to turn the key—and in the words of Dr. Johnson: "No, Sir, when a man is tired of London he is tired of life; for there is in London all that life can afford."

Gloucester House: The Coffee bar on the 11th floor

By courtesy of Barratt's Photo Press, Ltd.

Dr. Cullinan, Mr. Naunton Morgan and Dr. Bodley Scott awaiting the arrival of the Queen

By courtesy of the Dept. Medical Photography

tear it. The overseers often prosecuted those who produced inferior work, and in such a case in 1391 the caps were found to have been oiled with grease which, becoming putrid, had caused them to stink when offered for sale. In the middle ages any such goods confiscated on the grounds of being unfit for sale were burnt in the public streets, adding one more to the amenities of London in that time. At various times we find that, besides caps treated in this way, gloves, nets, baskets, blankets, and fish; but perhaps the worst example from the point of view of the inhabitants must have been that recorded in 1471, when a shipload of treacle, after being condemned by a number of Physicians and Apothecaries, was divided into three and burnt at the cross roads by Leadenhall, Cheapside and Tower Street.

Trade on the Fleet was never as busy as in the other London ports, such as Queenhithe and Wallbrook, but there are records of it being used by fishing vessels—oysters and herrings being sold on the quayside, grain for our Hospital, stone for the rebuilding of St. Paul's in Henry I's time, stones for paving Holborn in 1418, and wine for the Fleet Prison. There is also mentioned several blackmarket loads of Welsh cheeses being sold off the boats to avoid the landing charges at other berths. Most of the wharves were private and were used by the owners of the great Inns when they crossed the Thames by boat to avoid the crush on London Bridge.

That the Fleet had a tidal entrance is vividly described in the following story: The year was 1348. Two Florentine merchants, having been robbed by five highwaymen between Romford and Brentwood, followed them to London, and started the next morning to search the city for them. The robbers having separated on reaching London, the merchants came up with one of them named John the Brewer near Paul's wharf, who, to make his escape, plunged into the river which was at low tide, with the object of walking along the foreshore of the Thames and the Fleet as far as the Fleet Bridge, from where he could make his escape out of London. The robber, however, was caught by the rising tide and drowned, and his body, being washed into the entrance of the Fleet, was left high and dry on its western bank two days later. On his body were found coins and a seal belonging to the merchants.

In 1236 the mayor and aldermen of the city decided to buy fresh water from Tyburn springs, and to pipe it to the city to ease the water supply. The conduit went from Tyburn Valley via Charing Cross and Fleet Street over Fleet Bridge and up Ludgate Hill to Cheapside. But due to the low level of the Fleet and to the pressure required to carry the water up the hill, there were frequent bursts at its lowest point and many houses near the Fleet were flooded on several occasions.

After the fire in 1666 the inhabitants of London were all for cleaning up their city, and a great effort was made to carry this out, the wharves on the Fleet were rebuilt in stone and all the rubbish was cleared out. The lower reach of the Fleet below Holborn Bridge, after this transformation, was renamed the New Canal. Then in 1737 efforts to keep the Fleet clean had again failed and the city council ordered it to be covered over to rid the city of all the trouble it was causing them. The covered area was known as the Fleet Market and it absorbed the old Stocks Market which, with the building of the new Mansion House had to be moved. But the Fleet has not altogether departed from us, as it still wends its muddy and sluggish course under Farringdon Street in a 12-foot channel entering the Thames through a culvert 12 foot by 18 foot beneath Blackfriars Bridge and at low tide the flood gates covering the entrance can still be seen from the south bank of the river.

But what is to happen to the River Thames in the future? Is it to go the same way as the Fleet and the other tributaries—with the new "heliports" to be built along its banks and the riverside highway it looks as though in time it might disappear. But whatever happens the magic that is London will always remain within its gates, requiring only a little effort to turn the key—and in the words of Dr. Johnson: "No, Sir, when a man is tired of London he is tired of life; for there is in London all that life can afford."

HOSPITALS AS SEEN BY A G.P.

By J. B. Bamford

I HAVE HAD nothing but help, understanding and guidance from Consultants in hospitals during my 26 years in General Practice, but I do feel that there are many improvements which could help the harmony of the medical profession and the work of the General Practitioner.

This is an attempt to stimulate thought and to encourage Consultants to insist that the lay administrators of our hospitals are made more efficient.

A General Practitioner, when referring a patient to hospital, requires assistance to help his patient to recover from disease, either real or imaginary.

The majority of one's patients, especially in rural districts, have a fear of going to hospital either as an O.P. or an in-patient.

The G.P. hopes, and I feel, should expect, that his patient should be received with courtesy and kindness. Most Consultants, thanks to appointment systems, do not keep their patients waiting long before seeing them, but how many Consultants realize how long their patients may have to wait for the investigations which they have ordered: X-ray, blood test, E.C.G., etc.? The wait for these investigations may be hours, days or weeks. Would any Consultant be prepared to wait even a week for the result of a chest X-ray of his wife?

I make no apologies for quoting in full a letter written to " The Times " this September :

> Sir,—If we are to enjoy the benefits of that early diagnosis which is held to be desirable, it is important that a kinder welcome should await the patient than is to be found in many surgeries.
>
> If he is to come before his condition is so bad as to be " interesting ", he needs to be made to feel that he has done well to come and not, as so often happens, that his visit is an unwarranted encroachment on the time of a busy man, and that his illness is not serious enough to justify this. Unless he can be made to feel that, he will keep away."

I feel that this is so true equally to G.Ps. (including myself) and to hospital staff that it shows that we members of a great profession must improve our " bedside manners " which I think have deteriorated a little since 1948.

Firstly, a G.P. likes to be able to refer his patients direct to the X-ray Department and to have a full laboratory service at his disposal. Most of us have these privileges.

Now the biggest annoyances and frustrations to G.Ps. are nearly all administrative, and these are:

1. Delay in receiving reports.
2. The patient returning home without a letter.
3. The patient returning loaded with pills and tablets with no means of identification.
4. Inefficient hospital telephone exchange.
5. Ill patients being sent home from hospital in small crowded uncomfortable cars or by Public Transport to save a few pounds for the Ambulance Service at the patient's expense.

From a medical point of view:

1. The infuriating condescension with which an H.S. or H.P. or even registrar so often treats the G.P. I feel that this can only be cured by students and Hospital M.Os. getting to know more G.Ps. I suggest that all Teaching Hospitals should appoint one G.P. to each Medical and Surgical Firm. That this G.P. should give up one half-day a month and, after a ward round, talk to the students and answer questions, in other words, be the link between G.P. and hospital.
2. The apparent callousness of many casualty departments, i.e. too long a wait before patient being admitted.
3. The long wait for an appointment to see a Consultant.

G.Ps. choose the consultant they think best for that particular patient and often have to " build up " the consultant. In good general practice it should never be a matter of referring a patient to a hospital but to a particular Dr. X or Mr. A. Choosing the consultant for a particular patient is sometimes difficult. A Consultant may find that he only gets one type of case from one Doctor. This is because in a small town the surgeon has become known as a super specialist in this particular disease in this particular town !

Most G.Ps. except those in very remote areas usually have one or more hospitals to choose from — the local hospital, the general hospital in the nearest large town or maybe farther afield to a teaching hospital in London, Edinburgh, Manchester, etc., or a specialist hospital. The choice of hospital is decided by the G.P. and is often no easy task. The patient, the disease, the patient's relatives, the consultant and the nursing staff have all to be considered. I feel that liaison between G.Ps. and Consultants needs to be further improved. The majority of patients trust their G.Ps. whom they know rather than anyone in hospital, consultant or registrar. There is no doubt that consultation between consultant and G.P. is an ideal as so much more can be discussed than written. I personally feel that even a consultation by telephone is not used nearly enough, especially in the difficult case. Nothing is nicer for the G.P. than when a consultant phones him to say that he saw Mrs. X in O.Ps. and thought that she was a case of ———— or says he could find nothing wrong—or that he has operated on Mrs. Z. In other words carrying out the common practice done for one's private patients as for one's hospital patients. Of course, many cases require no special consultation; the hernia and other such straightforward cases.

I feel very strongly that all hospital medical officers are horrified (quite rightly) if a patient comes to them without a letter from their G.P. *But* I do feel then that hospital medical officers must reciprocate and send a letter back with the patient to their G.P. Surely he is just as entitled to hear from the hospital at once, not days or weeks later. The use of proformas is greatly appreciated such as in Fig. 1, when a patient is discharged, inserted into envelopes printed as in Fig. 2 and given to the patient. In O.Ps. a proforma

Please see that this is given to your doctor at his next convenient surgery

Fig. 2

such as Fig. 3 is probably all that is required for a large number of cases. Carbon copies can be kept if these are made up in booklet form . The proforma in Fig. 4 is most valuable if filled up during a tea break in the operating theatre. It enables the G.P. to phone or call and see the patient's relatives the next day, which inspires confidence all round. One's patients and their relatives then all feel that a real team is at work on their behalf. I wish all hospitals and all consultants would use these forms.

It is always a difficult decision for a consultant to make; deciding what to tell patients and their relatives. For an example, a young

NAME OF HOSPITAL

Date.....

Hospital Reg. No..... Name .....

Address .....

.....

This patient was discharged on..... The following diagnosis was made .....

and the following treatment is recommended :—

A fuller report will follow. Signed .....

Fig. 1

wife, sixteen miles from home, to be told by an H.S. outside a hospital ward that her husband, aged thirty-two, has an inoperable carcinoma of the rectum is absolutely wrong. In this particular case her husband lived three and a half years and she, poor girl, had three and a half years of hell watching him die. If it had been left to the G.P., when he came out of hospital this could have been broken to her gradually as the end drew near.

Another point is that a G.P. likes to know *who* has operated on his patients. He knows perfectly well that H.Ss. and registrars have to operate on his patients. I feel that I like to know who has done it. The credit (or discredit) should go to the person involved.

Chance remarks by sisters, nurses, and even housemen, sometimes have terrible effects. It is so easy for a sister or H.S. to say to a relative after an exploratory laparotomy, where an inoperable carcinoma was found, " If only he had come to us sooner we might have been able to help him but it had gone too far ". This was said to the wife of a patient of mine. She was so knocked out by this remark and had no reply as her husband had been attending the hospital O.Ps. for the same complaint for over two years ! ! It is not always the G.P. who " sits on " the wrong case.

NAME OF HOSPITAL

.....19.....

Dear Dr.

Owing to shortage of Staff Secretaries I hope you will accept this brief summary of your patient

.....

whom I saw this morning.

Provisional Diagnosis:

Investigations advised:

Suggested treatment:

Yours sincerely,

A further more complete letter will be sent in due course.

(Cross out if not applicable).

Fig. 3

NAME OF HOSPITAL

Tel. No.

Hos. Reg. No.:

....

Dear

Your Patient .....

was operated on to-day.

A summary of our findings and operation notes is as follows :

A further note will be sent to you on the patient's discharge.

Yours sincerely,

Fig. 4

I know the difficulties of the hospitals, lack of building, lack of staff, etc., but feel that the time has now come to insist on many improvements. " The friends " of many local hospitals have provided many luxuries for the patients. The time has come for some of these funds to be used to improve consulting and examination rooms, where a consultant can see the patient in privacy and comfort both for the patient and the Doctor. No executive in any big business would see a client in the room provided by many hospital authorities.

I think that G.Ps. may tend to persuade patients to attend hospital too frequently and are not prepared to carry the responsibility of backing their own diagnosis and treatment. I also feel very strongly that patients are often asked to return to hospital too frequently and it should be unnecessary for the patients to return to hospital to get the result

of an X-ray. Surely this could be sent to the Doctor to deal with according to the report.

Nothing is more frustrating than finding that an appointment is for four to eight weeks ahead, except possibly having to wait more than a few days for a report from hospital! Seeing the patient daily and saying " no news yet " does not inspire confidence and is really gross inefficiency. Surely the immediate modern photography of notes could be used extensively and incidentally would encourage better note-writing!

If so many old patients were not asked to return to hospital perhaps the medical staff would have more time for seeing new patients sooner. The time lag is longer now than it was twenty-five years ago, although the medical standard and length of the report are much better. Often, too, a patient with nervous dyspepsia merely requires re-assurance, i.e. a second opinion, not always a full X-ray and blood investigation, especially when serious cases have to wait.

To summarize. I expect my patients to be received at hospital:

1. With courtesy and politeness, remembering that both educated and uneducated patients are terrified of hospitals, sisters, nurses and doctors.

2. With promptitude. It is a crime to keep anyone waiting if it can be avoided. The patient's time may be much more valuable to the community than the Doctor's . Apologies for delay are always appreciated and cost nothing!

3. Diagnosis and treatment of the patient as well as the disease.

4. Prompt report to the G.P. of diagnosis, treatment and disposal.

I have always enjoyed full and excellent X-ray and laboratory services without which General Practice would not be so enjoyable. To be able to refer a limited number of cases to a physiotherapist would help to make my life as a G.P. more complete.

I also humbly suggest that every Medical and Surgical Consultant should have a private secretary (paid partially by himself and partially by the hospital) to help him to organize the numerous minor and personal details which are so important not only to the consultant but also to the patient and by no means least to the G.P. It is a joy for a G.P. to speak on the telephone to an efficient, reliable and cheerful secretary, rather than having to bother a busy consultant on some trivial point which may be most important to a patient.

As a final suggestion, I should like to see the consultant's domiciliary consultation fee doubled for any visit more than five miles from his residence. To ask a busy consultant to come fifteen miles for £4 4s. is asking him to do a favour. It is a great credit to my local consultants, who have never once hesitated about coming at my request. The value of the domiciliary visit is most important to medicine as a whole. Consultant meets G.P. Consultant sees patient's environment, etc. It affords an occasion for the G.P. to keep up to date by picking the Consultant's brains.

I HAVE READ the article " Hospitals as seen by a G.P." and am in full agreement with the spirit in which it is written—namely, the desire to improve the service to the patient. There are times when all members of our profession—usually by omission but sometimes by commission, are guilty of some of the faults mentioned in the article, but steps have been taken at our Hospital to overcome many of the difficulties.

I agree that delay in sending reports about patients should be reduced to a minimum. It is not often that the result of an out-patient's consultation requires to be given by return but should this be necessary, a report is written by hand and given to the patient, or some responsible member of the firm contacts the patient's Doctor by telephone. The usual practice is for all opinions to be dictated, at the end of the consulting session and a letter typed, signed and despatched within the next 48 hours. I may say that this also occurs in my private practice.

In the case of in-patients, the despatch of some information is much more urgent. The houseman fills in a brief summary of the diagnosis, treatment in hospital and suggested follow-up treatment on a form and this is

given to the patient on discharge, so that the attending pactitioner may be kept in the picture. It may, however, be a week or so before a full typewritten summary, which will include the results of investigations, is prepared and sent out.

I agree entirely that all pills and medicines should be dispensed with information on the label, sufficient for any doctor to be able to identify them. The number of unidentified pills—expensive and probably useful—which must clutter up drawers and cupboards in most households, is frustrating, wasteful and adds appreciably to the cost of the Health Service.

Telephone communication in most hospitals is notoriously bad. Considerable improvement has resulted at Barts. with the introduction of the House Officer and " Electrical Call System ".

G.P. relationship throughout the country has traditionally been a little tricky. Every doctor knows that he was most confident and full of knowledge on completion of his house jobs. The facilities of Hospital allow for more accurate diagnosis and treatment and the arrogance of youth may at times seek to denigrate the overworked general practitioner. For some years there has been a liaison practitioner at Barts. and all students are encouraged to spend some time—admittedly short—working in general practice before qualifying. We hope this may not only add to the student's knowledge of practice, but may militate against false superiority.

I agree entirely about indiscriminate remarks and innuendos in regard to delay in treatment by any member of the staff. The passing on of adequate information to patients and relatives is an important duty and the extent of this information will vary from case to case. A physically ill patient is often not quite mentally stable and it is important to remember that patients and relatives usually listen avidly to all that is said, and often attribute much more to a chance remark or even to an inflection in the voice than is intended.

We must always remember that the doctor is in a most powerful relationship to his patient. Not only has he, occasionally, the power of life and death, but he has always the power of re-assurance and of consolation.

The appropriate psychological approach to each individual comes with experience and we are consciously and unconsciously trying to cultivate and instil in our juniors the best approach. This must always be kindly and tolerant. Fortunately, most members of the profession look on medicine as a vocation as well as a scientifically interesting and not unrewarding way of earning a living. As long as this continues, so, too, will the doctor-patient relationship remain reasonable.

A.W.B.

Epitaph for a Perennial Student

He stood outside the Pearly Gates,
His head was bent and low,
And wearily he asked the Clerk
Which way he ought to go.

" What have you done," the Clerk inquired,
" To be directed here ?"——
" I've failed my Finals, sir," he said,
" In the fourth successive year ! "

" Good gracious me ! " St. Peter cried,
" Another ne'er do well !
But, come inside and choose your harp,
You've had your share of hell ! "

R.M.W.P.

THE PEDAL GLANDS OF OWEN

By Professor A. J. E. Cave

SIR RICHARD OWEN (1804-1892), the most distinguished of the scientific sons of Bart's, was a student under John Abernethy (1764-1831), whose greatest claim to the gratitude of later generations lay perhaps in his recognition of Owen's extraordinary talents as a morphologist and his singular fitness to be the custodian of John Hunter's unique Museum. Largely through Abernethy's influence, Owen abandoned clinical work to become Assistant Conservator (1827), under William Clift, and later Conservator (1852) of the Hunterian Museum at the Royal College of Surgeons of England. The routine checking, re-examination, cataloguing and augmentation of the extensive comparative series in that Museum, conducted for the most part under considerable difficulties, compelled Owen to undertake an increasingly wide and detailed exploration of the comparative morphological field, both vertebrate and invertebrate, work resulting in a phenomenal output of memoirs, catalogues and papers which were to remain classics of their kind.

As an anatomist Owen displayed an acute observational faculty and a promptitude of attention to detail. Since his avowed and constant practice was "to describe with accuracy and to delineate with fidelity", it is small wonder that his copious and varied monographs were exemplars of their kind, that numerous discoveries in palaeontology and morphology stand to his name, and that his findings were, and are still, accepted almost unreservedly.

To some of these findings attention has been previously drawn (Cave[1] [2]) in these columns, as much for their moral as their scientific value, since the observant eye and the accurate pen are not devoid of exhortatory influence in any department of medical or biological science. In similar fashion, and in a spirit of filial piety, attention is hereby drawn to another of Owen's minor, but not insignificant, discoveries—that of the pedal glands of the Great Indian Rhinoceros (*Rhinoceros unicornis* Linn.), and corroborative evidence is given (seemingly for the first time) of the accuracy of Owen's original observations.

In 1834 Owen had persuaded the Council of the Zoological Society of London to purchase for £1,000 a male Indian rhinoceros, the first of its kind to be acquired by the Society. This animal died in 1849 and was immediately anatomised by Owen[3], whose subsequent monograph (1862), with its 14 lithographic plates, remains the classic account of the anatomy of this species and by chance the first such to be published. (By chance, because another male animal of this species had lived in the Royal Menagerie at Versailles from 1772 to 1793. At death it was dissected by Vicq D'Azyr and Mertrud and its skeleton is still preserved (No. A7974) in the Musée d'Anatomie Comparée in Paris. Vicq D'Azyr also wrote an account of its anatomy, illustrated by some 31 plates prepared by Marechal and by P. J. Redouté *père et fils*, but this account and the accompanying plates have remained unpublished in the Archives of the Muséum National d'Histoire Naturelle.) It may be argued that the establishment of the descriptive anatomy of any large mammal requires no particular acumen or knowledge—but merely industry, prosectorial assistance and a sufficiency of time. This contention is but partially true, for the known gross anatomy of man is necessarily based upon a vast number of meticulous dissections, and, where the dissection of large mammals is concerned, certain adverse factors inevitably complicate procedure. The material under examination is both bulky and unwieldy: its injection or embalmment is usually impracticable: the physical labour of manipulation is considerable, and investigation tends quickly to become a race against advancing putrefaction. Not surprisingly, therefore, an accurate and complete picture of the morphology of any very large animal is unlikely to be obtained from the examination of a single carcase, while the necessary specimens themselves become available but sporadically. Consequently, knowledge remains wanting of the gross structure of a wide variety of undomesticated mammals. Though much is known, much more requires elucidation.

It is ever a tribute to the original recorder of morphological data that subsequent investigation should but confirm the accuracy of his findings. And in this present matter

of the pedal glands it is a tribute to Owen that his original description requires merely the slightest emendation.

Examining the external characters of his rhinoceros specimen in 1849, Owen[3] noted a feature missed by Daubenton, F. Cuvier and other earlier and excellent observers, namely the presence of an " orifice behind each carpus and tarsus, which forms the termination of the duct of a pretty large subdermal glandular pouch ". In the thick and tuberculated skin of this species this orifice is easily enough overlooked, particularly since all four orifices " are concealed from cursory observation in the middle of the transverse fold that runs parallel to the interspace between the carpus and metacarpus, and between the tarsus and metatarsus "[3]. Even when their existence is known beforehand, these gland orifices are by no means obtrusive, so that their original discovery reflects great credit upon their finder's observational acuity. The authors of subsequent zoological treatises have been content to accept the existence of these pedal glands solely on Owen's great authority, without, apparently, any re-investigation of their presence and nature, but taking due notice of these structures in connexion with the niceties of rhinoceros taxonomy.

The present writer has, however, confirmed the presence of these pedal glands in three specimens of the Great Indian Rhinoceros from the menagerie of the Zoological Society of London, viz. in a male (" Felix ") of 20 years in 1941: in a younger male (" Hush ") of some 15 years in 1945, and in an adult male (" Mohan ") aged 18 years at least, in 1961. From the last of these specimens the glands were dissected and are illustrated in the accompanying figure.

Owen[3] described the pedal glands, which he duly figured, as " of a compressed ovate figure, measuring one and a half inches in length and one inch in breadth " with parietes " two to three lines " thick (i.e. about one quarter inch), and consisting of " a compact congeries of follicles, surrounded externally by a muscular and tendinous coat ". The duct orifice could stretch to some three quarters of an inch. Personal observations are largely confirmative of this original description. The formalin-preserved forefoot gland of specimen " Mohan " (Fig. 1, A) measures 44 mm. long by 29 mm. wide; the similarly preserved hindfoot gland (Fig. 1, B) measures 48 mm. long by 22 mm. wide. The transversely elliptical neck of each gland when fresh was readily distensible up to 20 mm.: The gland wall is some 8 mm. in thickness; the undisturbed ostium is a round orifice, some 3 mm. across. The shape of either gland is apparent in the accompanying illustration, which shows also the substantial fundal vasculature, the anchoring " ligaments ", and the short neck of the sac: in the fresh state, compression of the gland causes the exudation of a thick grumous secretion.

The pedal gland in *Rhinoceros unicornis* is essentially a local invagination of the entire skin supported by a circumscribing condensation of the dense collagen tissue of the subcutaneous fascia: this dermal invagination is associated with a localised augmentation of modified sebaceous glands which are strikingly absent from other areas of the skin of the foot. Histologically the wall of the invagination shows successive dermal, capsular and fascial layers. The epidermis lining the sac is a thick, excessively cornified, stratified squamous epithelium. In its stratum corneum " ghost " cells are discernible and one particularly obvious layer of such cells represents a stratum lucidum. The stratum granulosum, which in places is 8 cells thick, shows basophilic granules of varying size, some of the granules being relatively large. In the cells of the basal layer of the stratum Malpighii (i.e., next to the basement membrane) considerable patches of melanin are present. The dermal papillae are long, narrow and close-set, and penetrate so far into the epidermis as to reach the stratum granulosum: dermis and epidermis are thus very tightly keyed together. Outside the dermal layer lies the capsular component of the sac wall, a thick, dense, felting of collagen fibres liberally supplied with blood vessels, some of which possess extremely muscular walls. This tough, thick, collagen layer is a condensation of the local subcutaneous fascia from which it is easily separable and by local " ligamentous " thickenings of which the whole sac is anchored in position.

Deep in the dermal layer of the sac wall lie numerous, large, apocrine glands, the acini of which manifest recognisable myoepithelial cells. The mouths of these specialised mucous glands open at intervals through the epidermal lining of the sac to discharge their thick secretion into its lumen. The abundance of these apocrine glands, in conjunction with the extreme vascularity of the sac wall, sug-

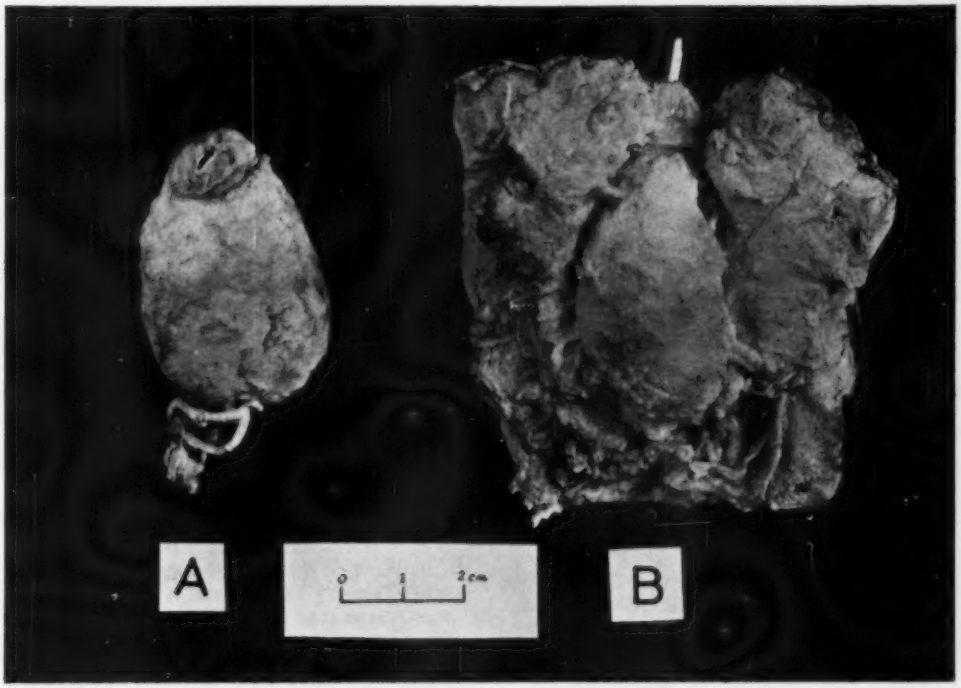


Fig. 1 Pedal scent gland of Great Indian Rhinoceros (*R. unicornis* L.). Adult male animal.
(a) Isolated gland of left manus, showing ostium and fundal vasculature.
(b) Gland of left pes, dissected *in situ*, showing vasculature, retention "ligaments", and introduced rod.
Cm. scale

gests that secretion is a fairly continuous process, and that the lumen of the sac is never wholly devoid of content. Apart from the smooth muscle in the walls of the local blood vessels, no muscle tissue whatsoever is present in the sac wall, contrary to Owen's original statement. This discrepancy of description doubtless arises from Owen's omission to make a microscopical preparation of the wall of his pedal gland and hence to realise that the pinkish colour of the sac parietes is due, not to the presence of muscle, but to an extremely elaborate vasculature.

The presence or absence of the pedal gland is helpful in connexion with the taxonomy of the extant Rhinocerotidae. This family comprises two Asian genera (*Rhinoceros, Didermoceros*) and two African genera (*Diceros, Ceratotherium*). The genus *Rhinoceros* has two species, viz. *R. unicornis* (Great Indian Rhinoceros) and *R. sondaicus* (Javan Rhinoceros). The exact relationships of *Diceros* (Black African Rhinoceros) and *Ceratotherium* (White Rhinoceros) remain unsettled, largely for want of sufficient morphological knowledge concerning these two forms. Certain it is, however, that the living rhinoceroses represent the products of three distinct phylogenetic lines, one leading to the Great Indian and Javan species, a second to the two African species and a third to the Sumatran species.

In certain of its anatomical characters this last form (*Didermoceros sumatrensis*) agrees with its Asian congeners, but in other characters it agrees with the African forms. In a

particular character (e.g. the separation or confluence of the foramina lacerum et ovale) different specimens may show variant affinities.

The pedal gland is confined to the genus *Rhinoceros*. Noted first by Owen[3] for *R. unicornis*, it was later observed by Beddard and Treves[4] in *R. sondaicus*. According to Garrod[5] it is absent in *Didermoceros*, which herein would seem to agree with the African rhinoceroses. The gland was also wanting in three specimens (a 2-year-old female, a 1-year-old male and a late foetal female) of *Diceros* examined by the writer and, so far as observation is possible of captive animals, it is wanting also in *Ceratotherium*.

In the remaining Perissodactyla the gland is unknown in the Equidae and appears to be equally wanting in the Tapiridae, for it is not recorded for the Malayan Tapir by Murie[6] or Beddard[7], nor for the American Tapir by Beddard[8] or Bressou[9]. The writer found no trace of any pedal gland in a very young specimen of the American species. So far, therefore, as present knowledge goes, specialised pedal glands among the Perissodactyla are confined to the genus *Rhinoceros*, whilst among the many families of the Artiodactyla such organs are widely distributed (Pocock[10]).

Since the pedal glands are undoubtedly scent glands, expressing their secretion pretty continuously during the animal's peregrinations and so blazing an olfactory trail for the benefit of its male, young or fellows, their restriction to a single genus among extant rhinoceroses is puzzling. An olfactory trail is obviously most successfully laid in a firm, dry terrain (e.g. grassland, low bush, savannah) and can scarcely prove successful in a marshy or swampy habitat. Thus, a priori, well-developed pedal scent glands might be expected to occur in *Diceros* and *Ceratotherium*, which frequent the dry African bush, and their absence in *Rhinoceros* and *Didermoceros*, inhabiting swampy jungle, would not be surprising. As indicated, however, the facts are obstinately otherwise and the answer to this apparently anomalous distribution has yet to be sought.

It may be added that problems of function and distribution are not confined to the pedal glands, which are but one among the many forms of specialised cutaneous appendage which the multi-potential mammalian skin is capable of producing. Other intriguing cutaneous glands include those of the face (Wart Hog), the preorbital region (Cervidae), the temporal region (Elephant), the occipital region (Camels), post - cornual region (Chamois), dorsal mid-lumbar region (Peccary, Tree-Hyrax), the tail (Goats), the perianal region (many Carnivores and Rodents), the prepuce (Aard-Vark, Pig, Musk Deer, Grybok), the inguinal region (many Ungulates), the metatarsus (Llamas, Deer), the digits (Pig), the nails (Four-horned Antelope), the sternum (most Marsupials, Gibbon, Spider Monkey), the gular region (Saki Monkey) and the epigastrium (Tarsier).

The function of some of these glands is extremely obscure, so that a wide and rewarding field of exploration still awaits the attention of both the histologist and the animal ecologist.

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Bishop, M. B. J.
Bratton, L. W.
Childe, M. W.
Darmady, J. M.
Davies, J. D.
Davies, R. P.
Drake, R. M.
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Evison, P. R. H.
Fell, R. H.
France, R.
Gandy, R. H.
Gill, B. V.
Gillespie, H. M.
Hall, J. M.
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Janosi, M.
Kajtar, T.
King, D. E. L.
Knight, C. R.
Lines, A. J.
Millington, M.
Padfield, A.
Shaw, A. B.
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Metten, A. D.
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Part III

Barton, M. T.
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Davies, R. R.
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SPORTS NEWS

Sailing Club Regatta May 10th - 12th 1961

The Sailing Club was blessed this year with three days of perfect weather for its Annual Regatta.

The United Hospitals' Sharpies were in full use, and other boats used were the Enterprise, a Firefly and a Royal Burnham One Design.

The first day of the Regatta was spent in acclimatising members to the vagaries of the Sharpie, and a most enjoyable practice race was held in the afternoon.

The morning race on May 11th was for The Commodore's Trophy.

The wind was light with a fair tide for the first part of the race, and reaching with the tide, the majority of helmsmen overstood the second mark.

In the confusion at this mark, there was a collision between two boats, one of which then drifted onto the mark, and several near misses. David Dorrell did not make the mistake of overshooting the mark and drew clear away to win the trophy by one minute from A. M. Pollock.

The 1960 Cup was awarded this year to the winner of The Ladies' Race.

The two Flag Officers present each took part as pace-makers. The Commodore proved to be such a good pace-maker that he won the race by almost half-a-mile! However, the first lady home was Rosemary Benison, with Ann Brodribb second.

The choice of "The Ship" for the Annual Dinner that evening was no reflection on the culinary accomplishments of the resident cooks, Margaret Wood and Jill Snow, who provided most appetizing meals during the regatta.

The Dinner proved to be a great success and a most enjoyable evening was spent during which the cups and prizes were presented.

The last day of the Regatta was devoted to a cruise to Fambridge, but the wind proved too light and the tide too strong and not one boat reached the destination in time for lunch!

However, everyone spent a most enjoyable day combining a gentle sail with opportunities for sunbathing, thus bringing to an end a memorable regatta. D.B.M.H.

RESULTS

Practice Race

1. Miss R. S. Benison
2. D. B. M. Howells
3. D. Colin-Jones

Commodore's Trophy	1960 *Cup*
1. D. Dorrell	1. Miss R. S. Benison
2. A. M. Pollock	2. Miss A. Brodribb
3. J. C. Crawhall	3. Miss E. M. Wood

Rifle Club—Small Bore Report

The 1960-61 season has seen generally mixed fortunes. Only one league team, the "C", has been successful, but all the other teams have been well placed. There have been a number of individual successes in the United Hospitals and University of London competitions.

In all, 80 matches have been shot, 51 won and 29 lost.

United Hospitals Winter League

Division 1

Two poor shoots by the "A" team meant that the best they could achieve was a third place behind the Westminster and Guy's.

"A" Shot 9 Won 7 Lost 2
Pts. 14 Score 4331 3rd

"B" Shot 9 Won 5 Lost 4
Pts. 10 Score 4172 5th

In the Individual averages, A. M. Ward was second with 98.4, P. N. Riddle tenth with 97.1, and A. J. B. Missen fifteenth with 96.3.

Division 2

This division proved a close fight between the "C" team and Westminster "C", with the "D" not very far behind.

"C" Shot 7 Won 6 Lost 1
Pts. 12 Score 3265 1st

"D" Shot 7 Won 4 Lost 3
Pts. 8 Score 3135 3rd

A. J. Austin was first in the Individual averages with 93.86, K. E. Gray was fifth with 93.6, and M. Smith-Walker sixth with 93.4.

National Short-Range League

Division 33

The entry of a team in this league was a new

venture, and the standard of the competition was unknown. We were placed in Division 33, a little above half-way, there being 78 divisions each of 11 teams. The final position was sixth.

Shot 10 Won 5 Lost 5
Pts. 10 Score 4764 6th

The League medal for the highest average in the team was awarded to A. M. Ward, 97.80, A. J. B. Missen was second with 96.00.

University of London Pistol League

Division 2

Having been left with only three of our pistol shots from last season, the team did very well to finish second to a strong Queen Mary College team, at whose hands they received their only defeats.

Shot 10 Won 8 Lost 2
Pts. 16 Score 4170 2nd

The highest individual average was returned by F. J. R. Hardy, 151.1.

United Hospitals Knock-Out Competition

Of the five teams entered, three shot in the last eight, and two reached the last four, but this proved to be the end of their run, both the "A" and "B" losing in the semi-finals.

University of London Knock-Out Competition

The field here was divided into three divisions, the "A" being drawn in Division 1, the "B" and "C" in Division 2, and "D" in Division 3. Of these only the "D" survived the first round, and they went on to win their division, albeit with an ever decreasing score.

United Hospitals Individual Competition

This year the competition was run in two stages, the top six in each class shooting in the second stage. A. M .Ward was fifth in Class A; F. J. R. Hardy was first and M. T. Barton second in Class B; and J. D. Edwards second in Class C. Miss J. C. Stephan was second in the Ladies' Competition.

University of London Individual Competition

F. J. R. Hardy won Class C, and J. D. E. Edwards won Class D.

University of London Small-Bore Meeting at Twickenham

Six members were among the entry of 72 at this meeting, and it is the first time that a team from this Club has been entered. For many of the members it was a completely new form of small-bore shooting, it being the first time they had shot at ranges greater than 25 yards. The changes in conditions with increased range, variations in light, and the effects of wind produced problems that could only be ironed out with practice. Even those conversant with the effects of wind on the service rifle bullet seemed at a loss when it came to allowing for the effects of a gentle fishtailer on the light small-bore bullet at 100 yards. The team was second in the Hospitals event, but unplaced in the Handicap event. Individual successes were limited, J. D. E. Edwards was second in the Class C Unlimited, and F. J. R. Hardy first in the Pistol Unlimited.

Shoulder-to-Shoulder Matches

One pistol and ten rifle matches were fired under these conditions during the season, and no fewer than twenty members of the club took part. On an aggregate of three matches, the club beat the G.P.O. by two matches to one, the aggregate scores being 3356-3296. In a pistol match against the same club, the result was another win, this time by the small margin of five points.

v. St. Mary's Hospital (Away) Won 754—723
v. London Hospital (Home) Won 762—699
v. Westminster Hospital (Home) Lost 1519—1547
v. City Police (Home) Lost 1148—1162
v. St. Thomas' Hospital (Away) Won 752—743
v. St. Thomas' Hospital (Home) Won 754—750
v. City Police (Away) Won 1156—1155

Browne-Martin Competition

As in this competition last year, the team was knocked out in the first round, but this time by the losing finalists, Twickenham, by the fairly large margin of 753—787.

Inter-Year Match

This was won by the First Clinical Year with a score of 377.

Lady Ludlow Challenge Cup

Winner: A. M. Ward.
Runner-up: A. J. B. Missen.

Mrs. H. J. Waring Challenge Cup

Winner: J. D. E. Edwards.
Runner-up: S. J. Sinclair.

During the past season the following have shot for the United Hospitals.

1st VIII and Pistol V:
A. M. Ward and F. J. R. Hardy.

2nd VIII:
A. J. B. Missen; P .N. Riddle; A. M. Pollock; and J. A. Pearson.

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To be continued in the July issue

BOOK REVIEWS

Midwifery, Ten Teachers. Tenth Edition. Published by Edward Arnold, Ltd. pp. 739. 45s. Edited by Frederick W. Roques, John Beattie, Joseph Wrigley.

This is the tenth edition of a deservedly popular textbook. The only change in the distinguished list of contributors is that Mr. Douglas MacLeod has retired and he has been replaced by Mr. Robert Percival. When a book of this sort has been used so extensively by students since the first edition in 1917 it is only possible to make minor criticisms and suggestions. Sometimes it seems to be assumed that a student has, or will have, read the companion volume 'Diseases of Women". In some ways this is justifiable but occasionally it would be an advantage to have the same ground covered in each book to save cross reference. The new chapters on Blood Transfusion in obstetrics and Vital Stastics are very welcome. Since the last edition the chapters on Abnormal Presentations, Diseases Associated with Pregnancy, Obstetric Operations and Caesarian Section have been largely re-written.

H.W.

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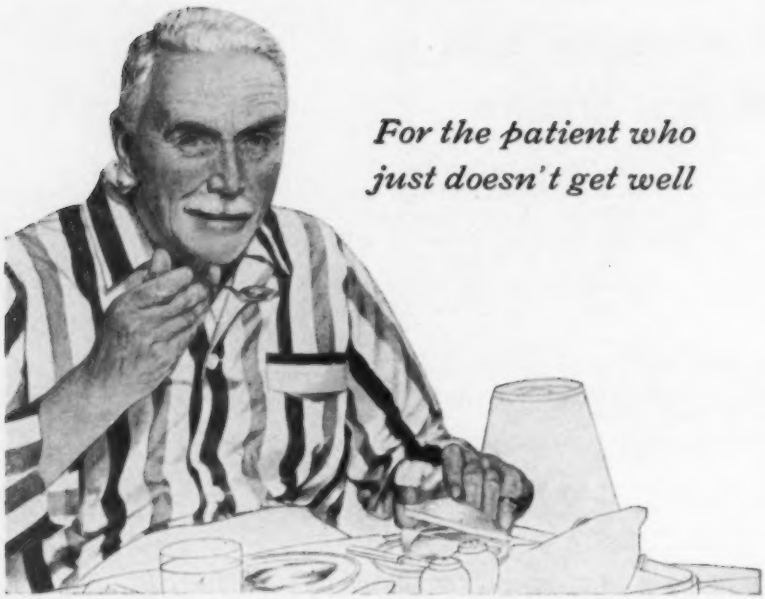

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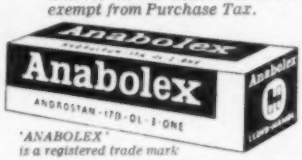

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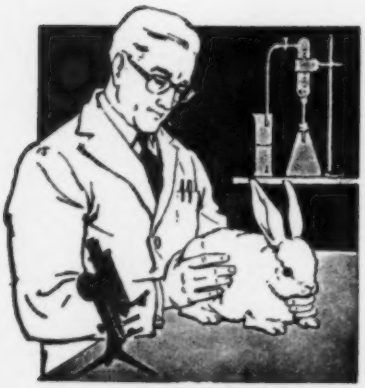

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